

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17593

FILED JUN 15 1943

Registration District No. 2

Primary Registration District No. 5236

Registrar's No. 26

1. PLACE OF DEATH:

- (a) County Cedar
(b) City or town Rural - Box Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days)3. (a) PRINT FULL NAME RONALD P CASEY

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased Dec 17 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 13 hr. min.

9. Birthplace (City, town, or county) (State or foreign country) mo

10. Usual occupation
- none

11. Industry or business

12. Name
- Ronald K Casey

13. Birthplace (City, town, or county) (State or foreign country)
- mo

14. Maiden name
- Margie Phillips

15. Birthplace (City, town, or county) (State or foreign country)
- Okla

16. (a) Informant
- Ronald K Casey

- (b) Address
- R 3 Eldorado Springs. mo

17. (a)
- Burial
- (Burial, cremation, or removal) (b) Date thereof
- 5/11-43
- (Month) (Day) (Year)

- (c) Place: burial or cremation
- Hazel Dell (Cem)

18. (a) Signature of funeral director
- Wm. Siders

- (b) Address
- Eldorado Springs. mo

19. (a)
- 5/11/43
- (Date received local registrar) (b)
- L. L. Humphrey
- (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cedar
(c) City or town Rural Box Township
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day May
year 1943 hour 1 minute P.M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Intestinal Influenza

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....

- (b) Date of occurrence.....

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury.....

23. Signature
- Wm. Siders
- (M. D. or other)

Address Eldorado Springs mo Date signed 5/11/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 71

District File Number

5/43/505

Date Filed

6/10/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.